

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>4/25/06</u>		2 Serial/Patent # <u>09/779693</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input checked="" type="checkbox"/>	Extension of Time	<u>W/FEE</u>	<u>3/27/06</u> \$ <u>510</u>
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>510</u>	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>03--1952</u>	
10 REASON:			
<input type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		
<u>extension filed after extendable period</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>23204</u>	
OFFICE: <u>Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>4/26/06</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 578562001600																									
Application Number 09/779,693		Filed February 7, 2001																									
For COMPOSITIONS AND METHODS FOR ENHANCING DRUG DELIVERY ACROSS BIOLOGICAL MEMBRANES AND TISSUES																											
Art Unit 1618		Examiner D.L. JONES																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$ 510.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,933</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;"><u></u> Signature</p> <p style="text-align: center;"><u>March 23, 2006</u> Date</p> <p style="text-align: center;"><u>Robert K. Cerpa</u> Typed or printed name</p> <p style="text-align: center;"><u>(650) 813-5715</u> Telephone Number</p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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03/28/2006 MBIZUNES 00000078 031952 09779693

01 FC:2253 510.00 DA

Adjustment date: 04/26/2006 CKHLOK
03/28/2006 MBIZUNES 00000078 031952 09779693
01 FC:2253 510.00 CR

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